

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention  | A SYSTEM AND METHOD FOR USING CASH REBATES |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
|---|--|-----------|-------------|-----------------|-------------|-----------|-------------|--------------------|-------------------|-----|------|--|---|------------------------|---|------|----|---|--------------------------------------|--|--|--|
| Application Number :  |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| Date :  |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| First Named Applicant:  | Aliza Freud                                |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| Attorney Docket Number:   | 600655.7000                                |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| <b>TOTAL FEE AUTHORIZED \$ 770</b>  |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| Patent fees are subject to annual revisions on or about October 1st of each year.   |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| Filing as large entity  |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| BASIC FILING FEE  |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table>   |  |           |             | Fee Description | Fee Code    | Amount \$ | Fee Paid \$ | Utility Filing Fee | 1001              | 770 | 770  | Subtotal For Basic Filing Fees: \$ 770 |   |                        |   |      |    |   |                                      |  |  |  |
| Fee Description   | Fee Code                                   | Amount \$ | Fee Paid \$ |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| Utility Filing Fee  | 1001                                       | 770       | 770         |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| Subtotal For Basic Filing Fees: \$ 770  |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| EXTRA CLAIM FEES  |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 14</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table> |  |           |             | Fee Description | Extra Claim | Fee Code  | Amount \$   | Fee Paid \$        | Total Claims : 14 | 0   | 1202 | 18                                     | 0 | Independent Claims : 1 | 0 | 1201 | 86 | 0 | Subtotal For Extra Claims Fees: \$ 0 |  |  |  |
| Fee Description   | Extra Claim                                | Fee Code  | Amount \$   | Fee Paid \$     |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| Total Claims : 14   | 0  | 1202      | 18          | 0               |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| Independent Claims : 1  | 0  | 1201      | 86          | 0               |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| Subtotal For Extra Claims Fees: \$ 0  |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| <b>AUTHORIZED BILLING INFORMATION</b>   |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>   |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| Deposit account number:   | 192814                                     |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| Access Code   | *****                                      |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| Deposit name:   | Snell and Wilmer, LLP                      |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| Deposit authorized name:  | Howard I Sobelman                          |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| Signature:  | /HIS                                       |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| Date (YYYYMMDD):  | 2004-03-12                                 |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |
| Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.  |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |